

## **IOWA DOMESTIC ABUSE (DA) AND/OR SEXUAL ABUSE (SA) CERTIFIED ASSURANCES**

Should this application be approved in whole or in part, the grantee assures and certifies that:

1. The program is operated by a public or non-profit agency.
2. The grantee will (a) prohibit discrimination against any employee, applicant for employment, or any person participating in any sponsored program on the basis of race, creed, color, national origin, religion, gender, age, or physical or mental disability, or sexual orientation, (b) compensate employees at no less than minimum wage, and (c) provide safe and sanitary working conditions.
3. The grant funds will not supplant other available or mandated funds.
4. The grant funds will only be used to provide services to victims of domestic abuse or sexual abuse as specified in Iowa Code section 236.15.
5. Performance Reports will be submitted as required to the Crime Victim Assistance Division.
6. The program has a grievance procedure for victims, employees and volunteers.
7. The governing board of the program has authorized the filing of this application.
8. The grantee is a domestic abuse or sexual abuse program as defined in Iowa Code Chapter 236 and that all employees and volunteers who provide victim services are certified as victim counselors as provided in Iowa Code Chapter 915.
9. The program provides all services without regard to a victim's ability to pay. There shall be no charge to victims for services provided by the program.
10. If the grantee provides services to victims of domestic abuse, the program has the capacity to provide or arrange for safe shelter of victims and their children.
11. If the grantee provides services to victims of sexual abuse, the program has the capacity to provide in-person support to victims at the time of an evidentiary sexual abuse examination.
12. It will keep time and attendance records for all CVAD funded staff.

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I certify that I have read and reviewed the above assurances for the Domestic Abuse and/or Sexual Abuse state funds and that the grantee will comply with all applicable state laws and regulations.

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Program Name

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Authorized Representative Signature

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Date

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Typed Name

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Title

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E-mail Address

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Telephone

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Program Director Signature

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Date

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Typed Name

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Title

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E-mail Address

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Telephone